

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000007146

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: PHYSICIANS REVIEW NETWORK, INC.

## Current Principal Place of Business:

477 MADISON AVE SUITE 210  
NEW YORK, NY 10022

## New Principal Place of Business:

## Current Mailing Address:

477 MADISON AVE SUITE 210  
NEW YORK, NY 10022

## New Mailing Address:

FEI Number: 11-3728350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTERSTATE DOCUMENT FILINGS INCORPORATED  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICARDO OROZCO

02/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: YOUNG, JEFF DR.  
Address: 477 MADISON AVE SUITE 210  
City-St-Zip: NEW YORK, NY 10022

Title: ST ( ) Delete  
Name: CANGIANO, STEVEN DR  
Address: 477 MADISON AVE SUITE 210  
City-St-Zip: NEW YORK, NY 10022

Title: VPD ( ) Delete  
Name: SILANO, JOHN  
Address: 477 MADISON AVE SUITE 210  
City-St-Zip: NEW YORK, NY 10022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN CANGIANO

ST

02/11/2009

Electronic Signature of Signing Officer or Director

Date